

## Requester information form

Before considering to send more information on the SixDOF sensor, we require the following information on your company.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position held within Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

How many years has your company been in business? \_\_\_\_\_

How many employees are in your company? \_\_\_\_\_

What are the gross annual sales of your company? \_\_\_\_\_

(OPTIONAL: Please provide a recent annual report and brochure on your company's products).

Briefly describe how you will use the SixDOF sensor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the SixDOF sensor:      \_\_\_\_\_ replace an existing product?  
   \_\_\_\_\_ be complementary to an existing product?  
   \_\_\_\_\_ be part of a larger system or end-product?

Do you want to license the SixDOF sensor? \_\_\_\_\_

Do you want to manufacture the SixDOF sensor? \_\_\_\_\_ If so, how many per year? \_\_\_\_\_

What sensor manufacturing (not sales) cost is allowable for success? \_\_\_\_\_

Do you want to purchase a SixDOF sensor? \_\_\_\_\_ If so, how many? \_\_\_\_\_

LLNL will **not** manufacture the sensor, so, do you want us to forward your expression of interest to the first company licensed to make the sensor? \_\_\_\_\_

To copy this form off the internet, highlight and copy (^C) the data into another document.  
Complete the form and e-mail, fax, or mail to the following address:

Lawrence Livermore National Laboratory  
Attn: SixDOF Sensor (Linda Gehland)  
P. O. Box 808; L-795, Livermore, CA 94551  
Tel: (510) 422-4211, Fax: (510) 423-8988, e-mail: gehlen1@llnl.gov

ALL INFORMATION ON THIS FORM WILL BE HANDLED AS BUSINESS SENSITIVE